CLOSURE ASSESSMENT REPORT

	**KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION**	**Return Completed Form To:** **Division of Waste Management** **Underground Storage Tank Branch** **81 C. Michael Davenport Blvd.** **Frankfort, KY 40601** **502-564-5981 or 800-928-7782**	**STATE USE ONLY**

Complete and return this form with all requested information within ninety (90) days of underground storage tank system closure.

OWNER NAME	AGENCY INTEREST NUMBER
MAILING ADDRESS	SITE NAME
CITY STATE ZIP CODE	STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD
CONTACT PERSON	CITY STATE ZIP CODE
AREA CODE/TELEPHONE NUMBER	COUNTY

TANK SYSTEM INFORMATION

☐ UST Systems Permanently Closed
☐ Piping Only Permanently Closed

☐ Removed from Ground ☐ Closed in Place Date: (mm/dd/yy)____ /____ /_____

Contractor who Permanently Closed Tank System:_____ Certified Remover #_____

CLOSURE INFORMATION REQUESTED **EXCAVATIONCONDITION**

PIT NUMBER	TANK NUMBER	SIZE IN GALLONS	DATE INSTALLED	LIST ALL CONTENTS EVER STORED IN TANK AND PIPING SYSTEM	PREVIOUSLY REGISTERED TANK		FREE PRODUCT		NOTABLE ODOR		VISIBLE SOIL CONTAMINATION	
					YES	NO	YES	NO	YES	NO	YES	NO

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate, and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE OF REGISTERED PROFESSIONAL ENGINEER OR REGISTERED PROFESSIONAL GEOLOGIST: _____DATE SIGNED:_____

NAME AND TITLE:_____ REGISTRATION # AND DATE: _____

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SITE NAME:_____ **AGENCY INTEREST #**_____

TANK#_____ **PIT#**_____Tank contents present at time of closure activities: YES____ NO____ Volume in gallons:_____

Method of Tank Contents Removal:_____

Disposal location:_____ Receipt: YES_____ NO_____

Residual Tank Materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____ NO_____

Analytical Method(s): _____ COC_____ Volume in gallons:_____

Disposal Location:_____

EPA ID#_____ Receipt or Manifest signed by a representative of receiving facility: YES_____ NO_____

Cleaning liquids/materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____ NO_____

Analytical Method(s): _____ COC_____ Volume in gallons:_____

Disposal Location:_____ EPA ID#_____

Residual tank material combined with cleaning liquid/materials for disposal check here YES__ NO__ Manifest signed by a representative of receiving facility: YES____ NO____

Disposal location for tank and/or piping:_____ For closed in place, inert material used to fill tank and/or piping_____

Receipt: YES____ NO____ Describe condition of tank and/or piping:_____

TANK#_____ **PIT#**_____ Tank contents present at time of closure activities: YES_____ NO_____ Volume in gallons:_____

Method of Tank Contents Removal: _____

Disposal location:_____ Receipt: YES_____ NO_____

Residual Tank Materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____ NO_____

Analytical Method(s):_____ COC_____ Volume in gallons:_____

Disposal Location: _____

EPA ID#_____ Receipt or Manifest signed by a representative of receiving facility: YES _____ NO_____

Cleaning liquids/materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____ NO_____

Analytical Method(s):_____ COC_____ Volume in gallons:_____

Disposal Location:_____ EPA ID#_____

Residual tank material combined with cleaning liquid/materials for disposal check here YES___ NO___

Manifest signed by a representative of receiving facility: YES____ NO____

Disposal location for tank and/or piping:_____ For closed in place, inert material used to fill tank and/or piping_____

Receipt: YES____ NO____ Describe condition of tank and/or piping:_____

TANK#_____ **PIT#**_____ Tank contents present at time of closure activities: YES_____ NO_____ Volume in gallons:_____

Method of Tank Contents Removal: _____

Disposal location:_____ Receipt: YES_____ NO_____

Residual Tank Materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____ NO_____

Analytical Method(s):_____ COC_____ Volume in gallons:_____

Disposal Location: _____

EPA ID#_____ Receipt or Manifest signed by a representative of receiving facility: YES _____ NO_____

Cleaning liquids/materials: YES_____ NO_____ Analyzed for TCLP: YES_____ NO_____ Declared Hazardous: YES_____ NO_____

Analytical Method(s):_____ COC_____ Volume in gallons:_____

Disposal Location:_____ EPA ID#_____

Residual tank material combined with cleaning liquid/materials for disposal check here YES___ NO___

Manifest signed by a representative of receiving facility: YES____ NO____

Disposal location for tank and/or piping:_____ For closed in place, inert material used to fill tank and/or piping_____

Receipt: YES____ NO____ Describe condition of tank and/or piping:_____

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AGENCY INTEREST#_____ SITE NAME:_____ PIT #_____

Disposal location for soils:_____ Amount of soils disposed (yds3 or tons):_____

Receipt/Manifest: YES_____ NO_____ List all regulated substances ever stored in tanks or piping associated with this pit:_____

Was optional soil removal outside the excavation zone performed: YES_____ NO _____.

IN COLUMNS, PROVIDE ACTUAL ANALYSIS RESULT FOR WALLS, BOTTOM, PIPING TRENCH, BACKGROUND AND EXCAVATED MATERIAL SAMPLES FOR THE MOST RECENT SAMPLING DATE:

SAMPLING LOCATION	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD	DATE COLLECTED	DATE RECEIVED	DATE ANALYZED	DATE EXTRACTED
North														
South														
East														
West														
Bottom														
Piping Trench														
Excavated Material														

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AGENCY INTEREST#_____ SITE NAME:_____ PIT #_____

Analytical Method(s) for Soil Analysis:_____ Class_____ Table or Matrix_____

ALLOWABLE SOIL LEVELS	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD

If Class IV: Depth to groundwater: _____ Distance to receptors:_____ Soil Type:_____

Depth to Bedrock:_____ Pit Dimensions:_____

Groundwater in excavation: YES_____ NO_____ Other water in excavation: YES_____ NO_____ Description:_____

Downgradient groundwater sampling required: YES_____ NO_____ Domestic-use water sources within a 300-meter radius: YES_____ NO_____

COMPLETE THE FOLLOWING INFORMATION FOR ALL GROUNDWATER OR PIT WATER ANALYZED.

SAMPLING LOCATION	B	T	E	X	C-PAH	N-PAH	LEAD	NAP	MTBE	DATE COLLECTED	DATE RECEIVED	DATE ANALYZED	DATE EXTRACTED
DOWNGRADIENT GROUNDWATER													
PIT WATER													
DOMESTIC-USE WATER SOURCE													

Name of Certified Monitor Well Driller:_____ Certified Driller #_____

Analytical Method(s) for Water Analysis:_____

ALLOWABLE GROUNDWATER LEVELS	B	T	E	X	C-PAH	N-PAH	LEAD	NAP

Disposal location for water:_____ Receipt: YES_____ NO_____ Permit: YES_____ NO_____

If not disposed, explain:_____